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office number (xx	(-xx-xxxx)		(Org i	identifier, FY. Doc. type code, Serial number			numbe	er)	X			Resubmission Cancellation		
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			S				_		<b>IFORMA</b>					
1. NAME (Last, First,	Middle Ini	tial)		2. 1 <sup>st</sup> 5 let	ters of last n	ame	3.	Social Sec	curity Number	r	4.	Ed. level	5. Continu	uous Federal Svc
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6. Home Address (Street, City, State and ZIP Code)(optional)				7. Phone Numbers (Include area code)				8. Position	on Title					
				a. Home										
				<b>b.</b> Office				9. Positi	on Level (X or		10.	. Pay Plan / Ser	ies / Grade /	Step
11. Organization Name				(1) Commercial					a. Executive	9				
				(2) Autovon					b. Manager					
12. Organization Mailing Address (Include ZIP)				1. Organization UIC					c. Supervisory		14	. Type of		or non-govern-
				16. Are y	ou Handicap	ped	Yes		d. Non-Sup	ervisory				
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				Sect	ion R - 7	FRAINI	NG (	COUR	SE DATA	\				
17. Course Titles				BCCI	IUII D - I	IIAIIII	10	COOK	<u>JL DAI</u>	1				
18. Training Objectiv	es (Bene	fits to be derived by	the Govern	ment)				19. Reco	mmended Tra	aining Source, S	School o	r Facility		
Ç <b>,</b> /	,			,				a. Name						
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20. Course Codes								c Locat	ion of training	g site (If other ti	han 10h	1		
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b. Type	g. Allocation Status		I. Reason for Selection			D)		se hours (4 di	- /	22. Course Identifiers a. SAID				
c. Source	h. Priority		23. Training Period (YYM) a. Start		loa (YYIVIIVID	(ט	a. Duty	·		Catalog / Course No.				
d. Special Interest		I. Training Level						b. Non-o	•					
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24. If training does n	ot involve	e expenditure of fu		•	• •		ip the				d X this	box —		
			ct Costs (For information only)				27. Acco	unting Classi	fication					
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